



# INDIANA COMMISSION ON PROPRIETARY EDUCATION VERIFICATION OF AGENT TRAINING

State Form 39287 (R5 / 9-99)

|  |                                    |
|--|------------------------------------|
| Name of applicant agent  |                                    |
| Name and location of institution   | Date submitted                     |
| <b>TYPE OF TRAINING RECEIVED BY THE APPLICANT AGENT:</b>   |                                    |
| 1. Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                    |
| (a) Give number of hours of classroom training:  |                                    |
| 2. Field training? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |
| (a) Give number of hours field training:   |                                    |
| (b) Name of individual who supervised training:  |                                    |
| (c) Give explicit description of the field training:   |                                    |
|  |                                    |
| 3. Indiana Code 20-1-19 and Rules and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |
| (a) Number of hours in training:   |                                    |
| 4. Course content? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |
| (a) Number of hours in training on course content:   |                                    |
| 5. Total hours of training received prior to submission of this form:  |                                    |
| I hereby swear or affirm that the information supplied on this form is true.   |                                    |
| Signature of applicant   |                                    |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 30%;"><p>STATE OF _____</p><p>COUNTY OF _____</p></div><div style="width: 10%; font-size: 4em; line-height: 1;">}</div><div style="width: 60%;"><p>SS:</p><p>Subscribed and sworn to before me this _____ day of _____, _____.</p></div></div> |                                    |
| Signature of Notary  | Printed name of Notary             |
| My Commission expires:   | County of residence:               |
| The undersigned hereby certifies that the applicant agent has been thoroughly trained and understands Indiana Code 20-1-19, the Rules and Regulations of the Indiana Commission on Proprietary Education and the correct appeal procedures in the event of agent license suspension. ( <i>Reference 570 IAC 1-5-4</i> ).                               |                                    |
| Signature of Training Supervisor   | Printed name and official capacity |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 30%;"><p>STATE OF _____</p><p>COUNTY OF _____</p></div><div style="width: 10%; font-size: 4em; line-height: 1;">}</div><div style="width: 60%;"><p>SS:</p><p>Subscribed and sworn to before me this _____ day of _____, _____.</p></div></div> |                                    |
| Signature of Notary  | Printed name of Notary             |
| My Commission expires:   | County of residence:               |